

Hawaii HIV/AIDS Care Services Data

Statewide Ryan White CARE Act Data

Data on clients receiving services from Ryan white CARE Act funded programs may contain duplicates because of clients accessing multiple services from multiple programs¹. Also, clients can receive multiple types of services within the individual programs.

In 2001, 1,527 clients served were funded by Ryan White Title II Awards through: Hawai'i's AIDS Drug Assistance Program (HDAP, 295 clients), the Hawai'i Insurance Continuation Program (H- COBRA, 39 clients), Life Foundation (289 clients), West Hawai'i AIDS Foundation (74 clients), Big Island AIDS Project (61 clients), Maui AIDS Foundation (111 clients), Malama Pono (38 clients), Waikiki Health Clinic (150 clients), Gregory House (119 clients) and Save the Food Basket (351 clients).

Table 4.1 Utilization of Ryan White Title II Service, Average Visits per Clients, Hawaii, 2001

	Medical	Dental	Mental Health	Subs. Abuse
Total Client Visits (No.)	1,400	328	316	1
Clients Receiving Services (No.)	295	163	67	1
Visits per client (Average)	4.7	2.0	4.7	1.0

*possible client count duplication

The 1,527 Title II clients received services were primarily for medical care (1,400), dental care (328), and mental health/counseling (316) (Table 4.1). The average number of visits among Title II clients was highest for medical care (4.7 visits/per client). In addition to the services listed in Table 4.1, Hawai'i Title II funds were used to provide support services to the clients, which included emergency financial assistance (593), food bank/home delivered meals (528), housing assistance (248), transportation (177), client advocacy (126), other case management (38), service/outreach/secondary prevention counseling (6), non-mental health counseling (1) as well as a variety of other support services (112).

Of the 1,527 Hawai'i Title II clients who received services during 2001, the majority were male (86.1%), Caucasians (56.1%) or APIs (15.6%), aged 20-44 (59.3%). The table 4.2 shows the proportions of CARE Act Title II clients accessing care, compared with persons living with AIDS (PLWA) as of year-end 2001. Note that some of the care services clients were diagnosed in another states, but PLWA data are primarily Hawaii diagnosed cases. At the same time, keep in mind that care services data contain duplicate numbers due to the multiple services between counties.

Table 4.2 Comparison of CARE ACT Title II Clients and Persons Living with AIDS, 2001

	CARE ACT Clients^d 2001 N=1,527	PLWA 12/31/01 N=1,154
Sex		
Male	86.1%	90.9%
Female	13.2%	9.1%
Unknown	0.8%	0.0%
Race/Ethnicity		
Caucasian	56.1%	63.6%
African Am.	6.3%	5.4%
Hispanic	9.2%	6.6%
Asian and Pi ^a	15.6%	23.6%
Other (Ind.) ^b	12.8%	0.9%
Age^c		
<13	0.8%	0.3%
13-19	0.5%	0.2%
20-44	59.3%	46.5%
>45	38.5%	52.9%
Unknown	0.9%	0.0%
Total	100.0%	100%
Hawaiian/PI	9.7%	N/A

^a Including Hawaiian/Pacific Islanders

^b Including unknown, American Indian & Multi-

^c For PLWA, it is the current age at end of 200

^d May have duplication

¹ Source: Hawai'i Department of Health STD/AIDS Prevention Branch.

Hawai'i AIDS Drug Assistance Program (HDAP)

The Hawai'i AIDS Drug Assistance Program provides FDA approved HIV related prescription drugs to underinsured and uninsured individuals living with HIV/AIDS. Eligibility is based on an income not exceeding 400% of the Federal Poverty Level. The primary funding source is Title II with supplementation from the State of Hawai'i. Persons enrolled in HDAP during the year from June 2001 through June 2002 have been able to receive the following classes of anti-retroviral drugs: nucleoside analogues, protease inhibitors, non-nucleoside reverse transcriptase inhibitors. Other types of drugs available through the program include those used to treat opportunistic infection and metabolic disorders

As reported in the National AIDS Drug Assistance Program (ADAP) Monitoring Project Survey, the Hawai'i Program (HDAP) served 158 clients who received a total of 624 prescriptions during the month of June 2002. This represents an increase of 24% above the 127 clients who received total of 466 prescriptions, a 34% increase, in June 2001. Total drug expenditures for June 2002 totaled \$135,098, an increase of 26% over the June 2001. The 624 prescriptions by category include 34% NRTI, 10% nNRTI, 13% PI, 42% OI/other. (Data not shown)

Those 158 clients served by HDAP in June 2002 were primarily male (91%), non-Hispanic Caucasian (58%), or Asian/Pacific Islander (28%), all over the age 19 (Table 4.3). Fifty-eight percent (58%) were over the age of 45. Seventy eight percent (78%) were at or below the 200% Federal poverty level. Twenty-two percent (22%) were between 201% and the maximum 400% Federal poverty level. Twenty-eight percent (28%) had Medicare coverage.

The immune status of the 94 patients enrolled over the 12 month period from July 2001-2002 is suggested by 29% having CD4 counts less than 200, 35% with CD4 counts between 200 and 500, and 18% having CD4 counts above 500. Eighteen percent (18%) had CD4 counts that were unknown.

Note that the National ADAP Monitoring Project Survey data are based on one month of data collection (June) and therefore, may not necessarily be representative of the characteristics of those receiving ADAP funds throughout the year.

Table 4.3 Characteristics of Clients Enrolled in the Hawaii AIDS Drug Assistance Program, June 2002, N=158

Sex:	
Male	91%
Female	9%
Race/Ethnicity:	
Caucasian, not Hispanic	58%
African Amer., not Hispanic	4%
Hispanic	8%
Asian/Pacific Islander	28%
American Indian/other	2%
Age Group:	
<20	0%
20-44	42%
>44	58%
Income Status	
<=100% FPL*	28%
101-200% FPL	50%
201-400% FPL	22%
>400%	Ineligible
Drug Insurance Status	
Medicaid	1%
Medicare	28%
Private	15%
None	56%
CD4 Status (N=94) Enrolled During Previous 12 Months	
<200	29%
200-500	35%
>500	18%
Unknown	18%

*Federal Poverty Level

Hawai'i Insurance Continuation Program (H-COBRA)

The H-COBRA program assists individuals who, because of HIV-related disease, are unable to continue working in their current employment and thus are unable to pay their health insurance premiums. H-COBRA will make the premium payments so that an individual may continue coverage under his/her employer's group health insurance. Eligibility is based on an entitlement to continue the insurance under the 1985 Consolidated Omnibus Reconciliation Act (COBRA). Other criteria which must be met include certification of positive HIV status, Hawai'i residency, and income which is 300% or less than the Federal Poverty Level. (Approximately equal to an annual salary of less than \$30,600.00 for a single individual.). Program can be extended to family members who lose or are in danger of losing their insurance coverage as a result of the primary policy holder losing his or hers.

During 2001 insurance coverage was extended to thirty-nine unduplicated clients and covered 323 months, (Table 4.4). This is an average of 8.3 months per client at a cost of \$83,913 for the year.

Table 4.4 Unduplicated H-COBRA Clients and Months of Coverage, Hawai'i, 2001

# of Clients	# of Client - Months	# of Months per client
39 unduplicated	323 (8.3 mo/client)	8.3

AIDS Service Organizations

The AIDS Service Organizations (ASO's) include: Life Foundation (Honolulu County), West Hawai'i AIDS Foundation (Kona area, Hawai'i County), Big Island AIDS Project (Hilo area, Hawai'i County), Maui AIDS Foundation (Maui County), Malama Pono (Kaua'i County). These ASO data represent the HIV positive clients who received services. An unknown number of clients may have received services from more than one agency, thus the data may represent some duplication of client numbers in combined ASO data. At the organization level, the clients counts are unduplicated. One client may receive several types of services.

AIDS Service Organizations provide services for individuals with HIV/AIDS including medical, dental, mental health services, and are transportation assistance. The majority of Title II-funded services provided in 2001 was for face-to-face case management (1,270), followed by medical care (518), and dental care (328, Table 4.5). Private physicians and dentists provided patient care under Title II-funded contracts. The average number of visits per type of service among ASO Title II clients was the highest for mental health therapy/counseling (3.6 visits/per client).

Table 4.5 Types of Service Provided, ASO, 2001

	No.Visit	Clients	V/C*
Medical care visits/clients	518	165	3.14
Dental care visits/clients	328	163	2.01
Mental health therapy or counseling/clients	76	21	3.62
Substance abuse treatment/counseling	1	1	1.00
Face-to-face case management/clients	1,270	364	3.49
Other case management	38		
Client advocacy	55		
Emergency financial assistance	241		
Housing assistance	135		
Food bank/home delivered meals	202		
Transportation services	177		
Service/outreach/secondary prevention counseling	6		
Non-mental health counseling	1		
Other support services	112		

V/C: Average visits per client

Table 4.6 compares the characteristics of those receiving ASO client services funded at the group level and at the individual program level, with persons living with AIDS (PLWA) as of December 31, 2001. These ASO data may include Title II and other sources of funding.

In 2002, there were 1,001 clients who received services statewide from ASO's: 869 (86%) were males, 125 (12.5%) females, 8 (0.8%) transgender and 7 (0.7%) were unidentified. Most of clients were aged 24-44 years (534, 53.8%), Caucasian (528, 52.7%) and had MSM as their mode of exposure to HIV (77.3%).

Of the 1,001 clients served by ASOs, 624 were at the Life Foundation (Honolulu County), 154 at the Maui AIDS Foundation (Maui County), 101 at the Big Island AIDS Project (Hawai'i County), 77 at the West Hawai'i AIDS Foundation (Hawai'i County), and 45 at Malama Pono (Kaua'i County). Males accounted for the vast majority of the clients in all five programs. The distributions of ASO clients by sex and age group were similar among all ASOs except Malama Pono. The proportion of API clients was higher at the Life Foundation (35.1%, Honolulu County) than at any of the other four ASOs. Higher proportions of clients at the Maui AIDS Foundation (88%) and Malama Pono (85%, Kaua'i County) had MSM as their mode of exposure to HIV/AIDS than at the other three ASOs. Clients of the West Hawai'i AIDS Foundation had a higher percentage (22%) of IDU as the mode of HIV/AIDS exposure than at other ASOs.

Table 4.6 Demographic Characteristics of Clients in AIDS Service Organizations, Hawaii, 2002

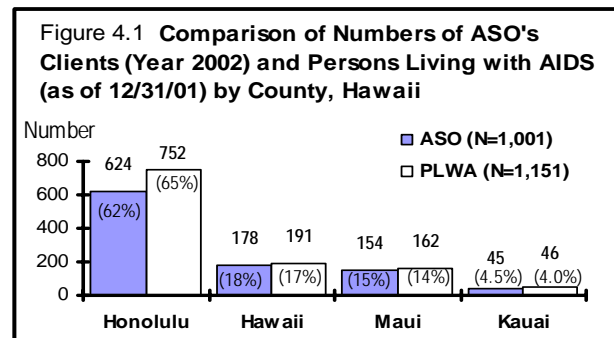
County	Life Foundation Honolulu		BIAP Hawaii		WHAF Hawaii		AIDS Foundation Maui		Malama Pono Kauai		Cumulative		PLWA
Number Served	N=624		N=101		N=77		N=154		N=45		N=1,001		N=1,154
Gender													12/31/01
Male	538	86.2%	84	83.2%	65	84.4%	138	89.6%	36	80.0%	861	86.0%	90.9%
Female	79	12.7%	16	15.8%	12	15.6%	15	9.7%	<4	-	125	12.5%	9.1%
Transgender	6	1.0%	<4	-	0	-	<4	-	0	-	8	0.8%	0.0%
Unknown	<4	-	0	-	0	-	0	-	6	13.3%	7	0.7%	0.0%
Age													
<13	<4	-	0	-	0	-	<4	-	0	0.0%	<4	-	0.3%
13-24	11	1.8%	<4	-	0	-	0	-	0	-	13	1.3%	0.3%
25-44	339	54.3%	39	38.6%	36	46.8%	81	52.6%	39	86.7%	534	53.3%	46.4%
45-64	258	41.3%	52	51.5%	40	51.9%	71	46.1%	0	-	421	42.1%	49.7%
65+	14	2.2%	0	-	0	-	0	-	0	-	14	1.4%	3.2%
Unknown	0	-	8	7.9%	<4	-	<4	-	6	13.3%	16	1.6%	0.0%
Race/Ethnicity													
Caucasian	296	47.4%	65	64.4%	44	57.1%	96	62.3%	27	60.0%	528	52.7%	63.6%
African Am.	37	5.9%	4	4.0%	<4	-	<4	-	0	-	45	4.5%	5.4%
Hispanic	58	9.3%	7	6.9%	8	10.4%	11	7.1%	<4	-	87	8.7%	6.6%
Asian and PI ^a	219	35.1%	16	15.8%	22	28.6%	36	23.4%	8	17.8%	301	30.1%	23.6%
Native Am./Alas.	0	-	<4	-	0	0.0%	0	-	0	-	<4	-	0.6%
More Than One	0	-	0	-	<4	-	0	-	0	-	<4	-	0.3%
Unknown/other	14	2.2%	7	6.9%	0	-	8	5.2%	7	15.6%	36	3.6%	0.0%
Total	624	100%	101	100%	77	100%	154	100%	45	100%	1,001	100%	100%
Hawaiian/PI	105	16.8%	N/A		N/A		14	9.1%	0		N/A		N/A
Risk Factors													
MSM	476	76.3%	66	65.3%	46	59.7%	148	87.6%	N/A	85.0%	N/A	77.3%	70.6%
IDU	38	6.1%	4	4.0%	17	22.1%	11	6.5%	N/A	3.0%	N/A	7.1%	8.4%
MSM/IDU	37	5.9%	<4	-	0	-	0	-	N/A	5.0%	N/A	4.0%	7.1%
Heterosexual	44	7.1%	12	11.9%	11	14.3%	10	5.9%	N/A	5.0%	N/A	7.9%	6.9%
Other	<4	-	<4	-	0	-	0	-	N/A	0.0%	N/A	0.4%	1.5%
Unknown	26	4.2%	17	16.8%	0	-	0	-	N/A	3.0%	N/A	4.4%	5.0%
Total	624	100%	101	100%	74	100.0%	169	100%	45	100	N/A	100%	100%

^a including Hawaiian Pacific Islanders

^b Current age as of December 31, 2001 for persons living with AIDS

When these proportions are compared to data for PLWA, the proportions of ASO clients were more frequently female (12.5% vs. 9.1%), API (30.1% vs. 23.6%) and combined MSM and MSM/IDU (81.3% vs. 77.7%). The ASO clients compared with PLWA are younger, because ASO data include persons living with HIV and AIDS, on the other hand PLWA contains only person living with AIDS.

The distribution of ASO clients by county was similar to the distribution of persons living with AIDS at the end of 2001 (Figure 4.1).



Housing Service and Save the Food Basket Service

Hawai'i's Gregory House Program² provides housing and supportive services on a long term, temporary or respite basis for persons who are displaced due to the impact of HIV/AIDS in their lives. They also provide access to appropriate public and private support services. A total 119 clients received services funded through the Ryan White Award in 2001. The services include emergency financial (18) and housing assistance (113). Clients were primarily male (87%), Caucasian (56%) and aged 20-44 (64%). Thirteen percent (13%) were Hawaiian or Pacific Islanders and 11% were Hispanic.³

Save the Food Basket provides food distribution as well as services to those impacted by HIV/AIDS through its Care Act funding. Services provided in 2001 included food bank/home-delivered meals (326), emergency financial assistance (334) and client advocacy services (71). Clients were primarily male (82%), Caucasian (56.4%) or Hawaiian/Pacific Islander (17%), and aged 25-44 (93.7%).

Waikiki Health Center/ Community Clinic of Maui

Waikiki Health Center (Honolulu County) provides medical support under both Titles II and III to HIV+ individuals; the Community Clinic of Maui (Maui County) provides the same services through Title III funding. The specially targeted groups for outreach or service during 2002 were rural populations, women, racial/ethnic minorities/communities of color, homeless, gay, lesbian, bisexual adults, runaway or street youth, and injection drug users.

A total of 265 (83 new) HIV positive clients received various services in 2002⁴ (Table 4.7).

Table 4.7 Utilization of Ryan White Title II* & III Service in Waikiki Health Center and Maui Community Clinic by Type of Service, Hawaii 2002

Service Categories	Total Clients (Unduplicated)	Total Visits in 2002
Ambulatory/outpatient medical care	265	1,520
Mental health services	103	672
Oral health care	5	10
Substance abuse services-outpatient	15	60
Client advocacy	5	
Health education/risk reduction	265	
Nutritional counseling	45	
Outreach services	39	
Psychosocial support services	103	
Referral for health care/supportive services	255	
Referrals to clinical research	253	
Treatment adherence counseling	41	
Other services	3	

* Including a few clients in Title II fund (less than 8).

² Source: <http://www.gregoryhouse.org/about.htm>

³ Source: Department of Health, STD/AIDS Prevention Branch.

⁴ Source: Ryan White CARE Act Data Report, 2002, Waikiki health Center

Each client was eligible to receive multiple types of services. Total visits for 2002 were as follows: medical care (1,520), mental health (672), substance abuse service (60) and dental care (10). The average number of visits per client was 5.7 for medical care, services. All 265 clients received health education/risk reduction information.

During 2002, primary care services were provided to the HIV positive clients through the Early Intervention Service (EIS) program and referral services. Ambulatory/outpatient medical care, dispensing of pharmaceuticals, mental health services, nutritional counseling, obstetrics/gynecology, substance abuse service and other services were the services made available. A total of 149 clients were referred outside the EIS program (Title III) for the following services that were not available within EIS program: dermatology, dispensing of pharmaceuticals, gastroenterology, neurology, optometry/ophthalmology, oral health care, and rehabilitation services.

During 2002, the Title III clients (all HIV+) were mostly male (89.4%), Caucasian (57.7%), and between the ages of 25 and 44 (64.5%) (Table 4.8). The primary type of exposure was MSM (47.9%). There were 156 clients who received TB skin tests; none were positive. 142 received screening/testing for syphilis; 44 received screening/testing for any treatable sexually transmitted disease (STD) other than syphilis and HIV; 28 received treatment for STD (other than syphilis and HIV); 49 received screening /testing for hepatitis C and two received treatment for hepatitis C.

Table 4.8 **Selected Characteristics of Ryan White CARE ACT Title III ^a Clients, 2002 (N=265)**

Sex	No.	%	Ethnicity	No.	%	Risk Factor	No.	%
Male	237	89.4%	Hispanic	21	7.9%	MSM	127	47.9%
Female	27	10.2%	Non-Hispanic	236	89.1%	IDU	6	2.3%
TG	<4	-	Unknown	8	3.0%	MSM/IDU	8	3.0%
Age			Race			Heterosexual	26	9.8%
<13	<4	-	Caucasian	153	57.7%	Perinatal	<4	-
13-24	5	1.9%	African American	11	4.2%	Transfusion	<4	-
25-44	171	64.5%	Asian	17	6.4%	Other	80	30.2%
45-64	84	31.7%	Hawaiian/PI	9	3.4%	Undetermined	15	5.7%
65+	4	1.5%	Unknown	75	28.3%	Medical Insurance (12/31/02)		
Enrollment Status (12/31/02)			Household Income			Private	53	20.0%
Active-new	79	29.8%	≤FPL ^b	131	49.4%	Medicare	55	20.8%
Active-continue	176	66.4%	101-200% FPL	52	19.6%	Medicaid	51	19.2%
Deceased	<4	-	201-300%	12	4.5%	Other Public	22	8.3%
Inactive	8	3.0%	>300% FPL	8	3.0%	No insurance	81	30.6%
Unreported/Unk.	0	0.0%	Unknown	62	23.4%	nreported/Unk.	<4	-

^a Including less than 8 Title II clients

^b Federal Poverty Level

At the end of 2002, nearly half (49.4%) the clients were below the Federal poverty level; nearly one third were without medical insurance; 60% had permanent housing; 17% did not have permanent housing and 19% had unknown/unreported living arrangements; 45% (119) had CDC-defined AIDS; 56.2% (149) received highly active anti-retroviral therapies; 8.3% (22) received mono or dual therapy and 35% (94) received none.

The Ryan White CARE Act funding was also used to support HIV counseling and testing services. There were 144 clients (anonymous) who received HIV pretest counseling in 2002. Among these 144 clients, three had positive test results. A total of 103 clients received post test counseling unrelated to their test results.

HSPAMM Program

The HSPAMM program is state funded. All HIV positive individuals (including AIDS or HIV only) are eligible for HSPAMM services paid physician's office visits at an individual's own physician as well as laboratory testing twice per year. All information received by the HSPAMM program contains only coded identifiers to maintain confidentiality. The patients are able to receive regular medical care and the DOH is able to collect information on HIV infection while promoting counseling and early referral to a network of supportive services.

There were 878 active participants in HSPAMM as of December 1, 2002 (Table 4.9). Of these, 777 (89%) were male and 101 (11%) were female. Caucasians were the major racial group (500, 57%), followed by combined APIs (219, 25%), Hispanics (60, 7%) and African American (33, 4%). Hawaiians accounted for 10% of the participant total. Most participants were age 40-49 at the time of the last visit (322, 40%). The most frequent modes of exposure were MSM (69%, 624) and heterosexual contact (13%, 120). The majority of the participants resided in Honolulu County. Table 4.9 also compares HSPAMM clients with persons living with AIDS in Hawai'i.

There are no direct measures of how completely the HIV/AIDS positive population utilizes the HSPAMM program. However, the following comparison does indicate that active HSPAMM participants have many similarities with "People Living with AIDS" (PLWA), a group tracked by the DOH AIDS Surveillance System who were diagnosed in Hawai'i. Current age (as of 12/31/01) was used for the PLWA category, while the age at the time of the last visit during 2001 was used for the HSPAMM client population.

The demographic characteristics of clients currently enrolled in HSPAMM are similar to most categories of PLWA except age. A higher percentage of PLWA (79.2%) were over 40 than HSPAMM clients (63%). PLWA are significantly older than the HSPAMM participants, which is expected as HSPAMM client data contains both HIV+ only and AIDS. Risk factors showed similar percentages except for heterosexual contact (13% HSPAMM, 6.9% PLWA).

There were 117 new enrollees in 2001 and 152 in 2002 in HSPAMM (Table 4.10). The participants were primarily male, Caucasian, aged 25-44, with CD4 levels >200, and MSM as their risk factor. Comparing the two years of enrollees by age and CD4 levels, the proportions were similar. The proportions of race/ethnicity and exposure mode were similar except that a higher proportion of 2002 enrollees were API and had IDU as their exposure mode for HIV infection. The numbers of enrolling female participants are too few to determine if their increase between 2001 and 2002 is meaningful.

New enrollees of the HSPAMM program do not necessarily represent new diagnoses of HIV/AIDS. The HSPAMM client may have previously received a diagnosis and medical care in another state. Table 4.11 indicates the number of months elapsing between first HIV positive test of 221 new clients and the time of actual enrollment in the HSPAMM program in 2001 or 2002. It ranged between 0 and 246 months (20.5 years) with a mean of 71 months (5 years, 11 months). One quarter of clients (25%) enrolled within three months of their first positive

Table 4.9 Comparison of Active HSPAMM Participants with Persons Living with AIDS, Hawaii

Characteristics	HSPAMM Active		People Living With	
	Participants 12/1/02		AIDS as of 12/31/01	
	No.	%	No.	%
Sex:				
Male	777	89%	1,046	91%
Female	101	12%	105	9%
Total	878	100%	1,151	100%
Race/ Ethnicity				
Caucasian	500	57%	732	64%
Asian/PI total	219	25%	272	24%
Hawaiian	91	10%	107	9%
Filipino	34	4%	63	6%
Japanese	33	4%	41	4%
Chinese	12	1%	22	2%
Other API	49	6%	39	3%
Hispanic	60	7%	76	7%
African Am	33	4%	62	5%
Am Ind	9	1%	6	1%
Other	55	6%	<4	0%
Total	876	100%	1,151	100%
Age Groups**				
<20	<4	0%	6	1%
20-29	32	4%	12	1%
30-39	254	32%	221	19%
40-49	322	40%	541	47%
50+	192	24%	371	32%
Unknown	6	1%	0	0%
Total	807	100%	1,151	100%
County				
Honolulu	582	66%	752	65%
Hawaii	133	15%	191	17%
Maui	138	16%	162	14%
Kauai	23	3%	46	4%
Total	876	100%	1,151	100%
Risk Factor				
MSM	624	69%	815	71%
IDU	52	6%	97	8%
MSM/IDU	56	6%	82	7%
HETERO	120	13%	80	7%
Perinatal			5	0%
Unknown	26	3%	58	5%
Other	24	3%	17	2%
Total	902	100%	1,154	100%

*includes 3 of unknown status

Table 4.10 Newly-Enrolled HSPAMM Clients (HIV Positive), 2001-2002

Characteristics	2001		2002	
	No.	%	No.	%
Sex:				
Male	110	94%	132	87%
Female	7	6%	20	13%
Race/Ethnicity:				
Caucasian	68	58%	90	59%
African Am.	7	6%	12	8%
Hispanic	12	10%	9	6%
Asian and PI	22	19%	36	24%
Unknown	8	7%	5	3%
Age Group: (Age at enrollment)				
<20	<4		<4	
20-24	<4		4	
25-44	76	65%	100	65%
45-54	31	26%	36	24%
55-64	8	9%	6	9%
65+	<4		<4	
CD4 Count:				
<200	38	33%	47	31%
>200	79	68%	107	70%
AIDS Exposure Category:				
MSM	84	72%	103	68%
IDU	4	3%	12	8%
MSM/IDU	4	3%	6	4%
Heterosexual	24	21%	29	19%
Other	<4		<4	
Total	117	100%	152	100%

Table 4.11 Clients by Number of Months from First HIV+ Test to HSPAMM Enrollment, 2001-2002 Combined

	No.	%
0-3 Months	55	25%
4-12 Months	16	7%
13-24 Months	18	8%
25-60 Months	26	12%
61-120 Months	49	22%
121-246 Months	57	26%
Total	221	100%

HIV test, nearly one third of clients (32%) enrolled within one year. One quarter of clients (26%) enrolled between ten years and twenty and one half years (120-246 months) of their first positive test. The characteristics of newly enrolled HSPAMM clients are not likely to mirror the patient characteristics of those newly infected or newly diagnosed but rather, the overall epidemic.

Figure 4.2 shows the newly-enrolled HSPAMM participants by length of residence in Hawai'i. There was an average of 173 new enrollees in HSPAMM per year during the current 10 years (1993-2002), with

a range of 117 to 229. Approximately one third of clients resided less than 2 year in Hawai'i when they enrolled to HSPAMM. There were higher percentages in 1998 (40%) and in 2001 (46%).

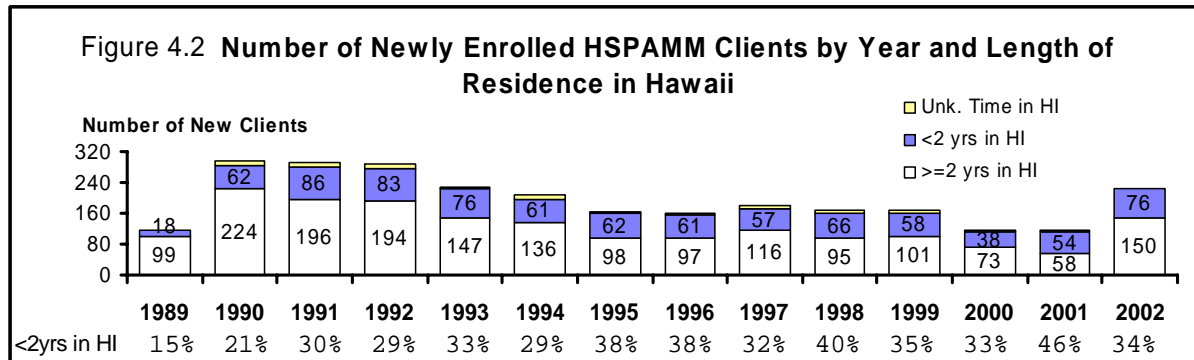
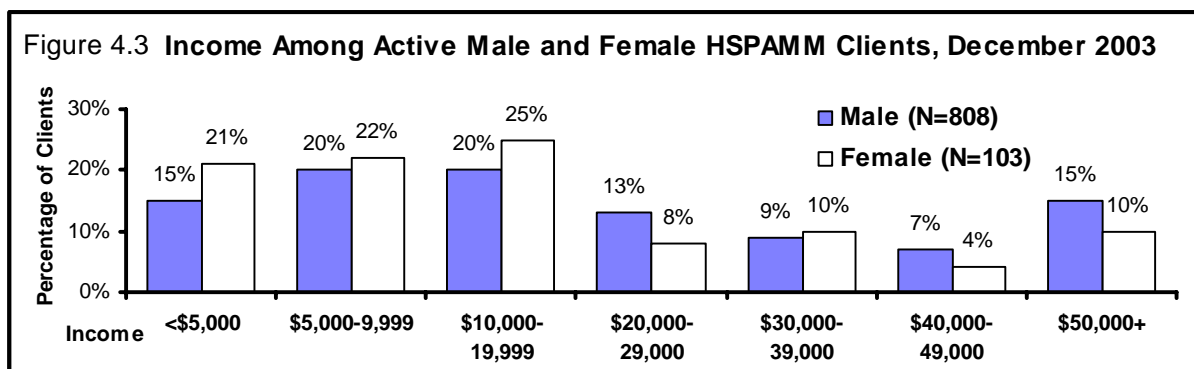


Table 4.12 indicates that of those currently enrolled in HSPAMM only 26% were born in Hawai'i. Sixty-two percent of clients were born elsewhere in the United States and another 11% were born outside the United States.

Table 4.12 HSPAMM Clients by Place of Birth, Hawaii, December 2002

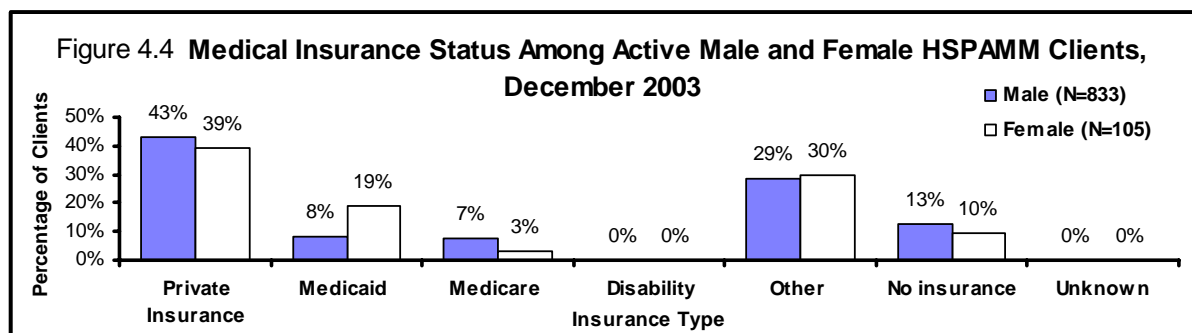
Place of Birth	No.	%
Hawaii	229	26%
Mainland	544	62%
Pacific Island	13	1%
Asia	32	4%
Other Country	54	6%
Unknown	6	<1%
Total	878	100%

HSPAMM clients had a wide range of income--16% had an income of less than \$5,000, 21% had income of \$5000-\$9,900, 21% had \$10,000 - \$19,999, 12% had \$20,000 - \$29,000, 9% had \$30,000 - \$39,000, 6% had \$40,000 - \$49,000 and 15% had over \$50,000 income. Females enrolled in HSPAMM have lower incomes than males as is true in the general population (Figure 4.3). Sixty eight percent of the females and 55% of the males have income less than \$20,000. Ten percent of the females



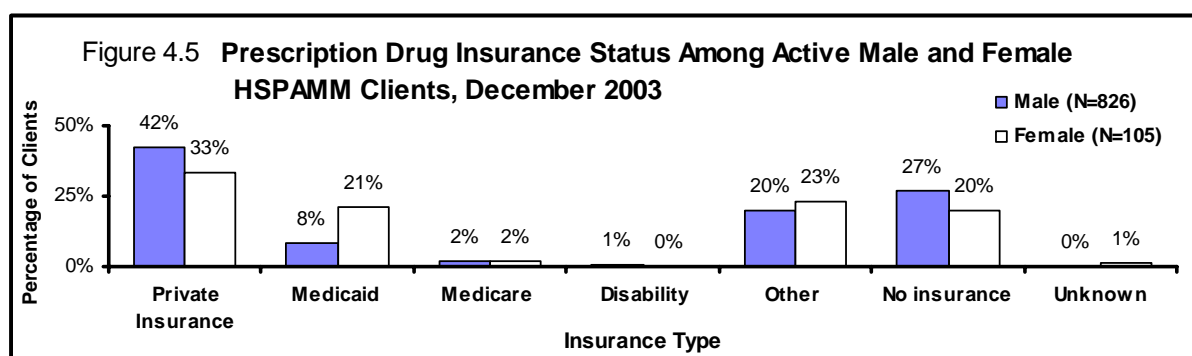
and 15% of the males have incomes of \$50,000 or more. The average age of females was younger than the males at the time of diagnosis. This is likely to magnify income disparity further.

As of December 2003, active HSPAMM participants had some form of medical insurance coverage--43% (388) from private insurance, 9% (88) Medicaid, 7% (65) Medicare, and 29% (218) other sources. The private insurance was primarily through Kaiser (313, 33%) and HMSA (149, 16%). Twelve percent (12%, 116) of all active participants had no medical insurance coverage. A gender-specific review of the data (Figure 4.4) indicates that less than 10% (10) of females and 13% (106) of males were without insurance. Almost 39% (41) of females and 43% (358) of males are covered by private insurance. Medicaid covers 19% (20) of the females and 8% (68) of males.



Forty-one percent (41%, 382) of active HSPAMM participants had prescription drug insurance coverage through private insurance sources, 10% (91) Medicaid, 2% (18) Medicare and 20% (187) other sources. Twenty percent (20%) of all active participants had no drug coverage as of December 2003. Prescription drug insurance coverage is not as widespread among HSPAMM participants as is medical insurance coverage. This is true for both Medicare (18 vs. 65) and other sources (187 vs. 268). Only Medicaid recipients were more likely to have drug coverage than medical coverage (91 vs. 88). Overall fewer enrollees had drug insurance coverage than medical insurance coverage (12% vs. 20%).

Figure 4.5 details prescription drug insurance coverage by gender. Twenty percent (21) of females and 27% (225) of males did not have drug coverage. Almost 33% (35) of females and



42% (347) of males were covered by private insurance plans. Medicaid coverage was proportionately more common among the females (21%, 22) than males (8%, 69). Medicare coverage was for both males (2%, 16) and females (2%, 2). Twenty percent of males (163) and 23% of females (24) had some other type of drug insurance coverage.

A specified series of laboratory tests are provided with each semi-annual visit for the HSPAMM clients. These include: CD4 levels, liver function and other HIV/related tests. Hepatitis B and C tests are given to clients at time of enrollment. Table 4.13 shows the laboratory services by county of residence for HSPAMM participants in 2002. A total of 929 lab tests were provided (65%) in Honolulu County, 238 (17%) in Hawai'i County, 241 (17%) in Maui County, and 28 (2%) in Kaua'i County for active HSPAMM participants. Clients received an average of 1.6 laboratory tests in 2002. Maui residents received the most (almost 1.7) and Kaua'i the least (1.33). The percentage of clients receiving the series of laboratory tests is consistent within each county for both 2001 and 2002.

Table 4.13 Annual Lab Services per HSPAMM Client* Received by County, Hawaii, 2002

County	Active Participants		Lab Tests Received		Avg. Number of labs per Client
Honolulu	603	67%	929	65%	1.54
Hawaii	141	13%	238	17%	1.69
Maui	139	14%	241	17%	1.73
Kauai	21	4%	28	2%	1.33
Total	904	100%	1,436	100%	1.59

*Participants as of Dec 2002

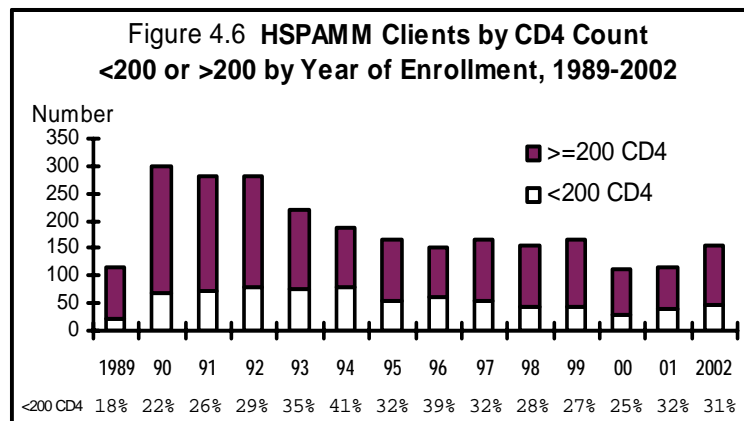
Since the start of the HSPAMM program, 2,330 HSPAMM clients who were potentially susceptible to Hepatitis B infection were screened through the DOH Epidemiology Branch (now called Disease Investigation Branch, Disease Outbreak Control Division). Among these, 2,108 (90%) were male, 183 (8%) were female and 39 (2%) were unspecified gender. A total of 1,497 (65%) had naturally acquired hepatitis B infections.

Approximately 14% (156/1,111) of HSPAMM clients were positive for Hepatitis C. In 2002, newly enrollees were tested for co-infection with HIV and Hepatitis C, yielding a 17.5% (27/154) co-infection rate (Table 4.14). Among these 27 co-infections, 18 were male and 5 were female. Proportionately more females had co-infections than males (25% vs. 14%). This finding is consistent for both 2001 and 2002.

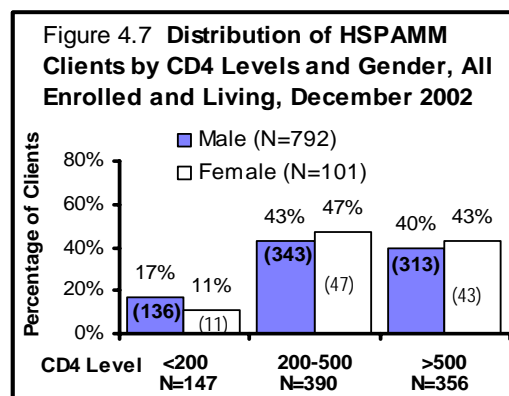
Table 4.14 HSPAMM New Enrollees and Co-infected with HIV and Hepatitis C, 2001-2002

	2001			2002		
	Total HIV +	HIV+ & Hep C	% Co-infection	Total HIV +	HIV+ & Hep C	% Co-infection
Male	110	15	13.6%	132	18	13.6%
Female	7	<4	28.6%	20	5	25.0%
Unknown	0	<4	N/A	N/A	4	N/A
Total	117	19	16.2%	154	27	17.5%

For the current 10 years (1993-2002), an average of 32 % per year of new enrollees had CD4 levels below 200 (range 25% - 41%) (Figure 4.6). It should be noted that CD4 levels below 200 meet the CDC-definition of AIDS. The CD4 level is of clinical importance in monitoring an individual's immune function and for treatment of disease course.



As of December 2002, the vast majority (746/893) of all currently active HSPAMM clients had CD4 levels above 200, 656 (83%) male and 90 (90%) female (Figure 4.7). Male clients had a higher percentage of CD4 levels below 200 than female clients. The reason for this gender difference is unknown.



Reference:

Integrated Epidemiologic Profile of HIV/AIDS in Hawaii. May 2005, HIV/AIDS Surveillance Program, Hawaii State Department of Health, Honolulu, Hawaii.